# TO: NEVADA STATE BOARD OF PRISON COMMISSIONERS

FROM: Robert Maharis and Mercedes Maharis MA MS MA

3705 E Mtn Vista Road Hereford, AZ 85615 mmaharis@gmail.com

RE: 13 JULY 2010 MEETING SUBMISSION

DATE: 12 JULY 2010

PAGES: 3

#### HONORABLE COMMISSIONERS:

#### Our concerns:

NON OR IMPROPER INSTRUMENT STERILIZATION OF INSTRUMENTS REPORT and MORE DEFICIENCIES IN NEVADA DEPARTMENT OF CORRECTIONS (NDOC) FACILITIES:

The Healthcare Quality and Compliance Bureau website to view the NV State Health Division Statements of Deficiencies and Plans of Correction...reports for Southern Desert, Lovelock, Warm Springs and High Desert State Prison... only these 4 are posted under (PRI) at <a href="http://health.nv.gov/Deficiencies\_Qry.asp">http://health.nv.gov/Deficiencies\_Qry.asp</a>

With no routine testing for Hep C in NDOC, but 537 current NDOC cases, how can prisoners feel safe asking for dental care?

## Findings include:

"The dental technician was interviewed regarding the sterilization of instruments. The dental technician reported she had not been formally trained on how to operate the sterilizers. She reported that someone pointed at the autoclave and said, "Here's the machine."

In addition, the dental technician was relying on an outdated 2001 policy and procedure for sterilizing instruments when there was an updated policy dated 4/1/09.

How is NV fulfilling ethical and legal responsibilities for public health and safety with this scenario?

How is NDOC protecting NV inmates from infectious diseases spreading inside facilities?

How is NDOC protecting the public upon prisoner release with deficiencies like these?

RE: AR 269 Food Services:

There are currently 102 HIV/AIDS cases in NDOC.

## What about HIV/AIDS Nevada prisoner diets?

Research indicates that calories must not be cut down for HIV/AIDS prisoners. So, whipsawing from high fat prison diets (above 30 to 35%) to low-fat, low-calorie diets is unacceptable. This bears scrutiny. Who are the dieticians working on these medical menus? Are they licensed? Certified?

# Nutrition Intervention and Human Immunodeficiency Virus Infection

Volume 110, Issue 7, Pages 1105-1119 (July 2010) Abstract

"It is the position of the American Dietetic Association that efforts to optimize nutritional status through individualized medical nutrition therapy, assurance of food and nutrition security, and nutrition education are essential to the total system of health care available to people with human immunodeficiency virus (HIV) infection throughout the continuum of care.

Broad-based efforts to improve health care access and treatment have stabilized HIV prevalence levels in many parts of the world and led to longer survival for people living with HIV infection. Confounding clinical and social issues, such as medication interactions, comorbidities, wasting, lipodystrophy, food insecurity, aging, and other related conditions further complicate disease management.

With greater understanding of the mechanisms of HIV disease and its impact on body function, development of new treatments, and wider ranges of populations affected, the management of chronic HIV infection continues to become more complex and demanding. Achievement of food and nutrition security and management of nutrition-related complications of HIV infection remain significant challenges for clients with HIV infection and health care professionals.

Registered dietitians and dietetic technicians, registered, should integrate their efforts into the overall health care strategies to optimize their clinical and social influence for people living with HIV infection."

Food as punishment is dangerous and obsolete. Come into the current century, please.

Further, see <a href="http://www.eatright.org/About/Content.aspx?id=8378">http://www.eatright.org/About/Content.aspx?id=8378</a>
In addition, see <a href="http://www.eatright.org/Media/content.aspx?id=6442452777">http://www.eatright.org/Media/content.aspx?id=6442452777</a>.

Reports of processed foods like micro-portions on tiny styro trays (3 teaspoons of ranch beans) Is this even enough food for a child? Jello, cookies, cake, 4 to 6 tater tots? These do not contribute to health. Not dogs, at least, but hot dogs? Hardly fair, hardly healthy.

An ounce of prevention is worth a pound of cure.

Raising the \$1.30 per day to \$2.00 per day can save millions in future medical \$\$ bills for taxpayers. These pennies invested in whole grains, fruits and vegetables, even frozen or canned, can help sustain damaged immune systems and health for all prisoners; saving taxpayers millions in future medical expenses, or who have left prison. Proper nutrition prevents disease, especially cardio-vascular disease.

If we cannot provide proper nutrition to the HIV/AIDS, we must surely send them home on house arrest where they have a fighting chance to get proper food and medicine rather than fail them.

#### WHILE THE CAT'S AWAY THE MICE PLAY?

While a registered dietician may try earnestly to reduce high fat diets below 30 to 35%, what are NDOC food purchasers doing to help? Are they unwittingly shortening NV prisoner life spans by buying high fat, processed foods? This must be considered and investigated. Who monitors food purchases?

Why is there no access to MD specialists in NV prisons treating HIV/AIDS prisoner patients? Cost is no excuse. We need fully educationally equipped personnel to do the crucial management of life and death health care for our HIV/AIDS prisoners. California prisons and other systems provide full MD care. So must we.

The Human Resources and Services Administration publish the importance of fruits and veggies in diets, yet, where are they for our prisoners? Location far from sources is an invalid excuse for not providing them. Breaking down physical/mental/emotional human functioning little by little is not right.

CANTEENS AND THE NEW FOOD PACKAGES THAT WILL BE SENT IN AFTER 14 JULY 2010: Presently NDOC prisoners cannot buy healthful foods, even if they have the money. Canteens need to offer healthy, whole grain breads and crackers, fruits, veggies... and do so with no mark ups to help derail future medical expenses for the entire prison population. Fingers crossed on the food package selections. Did dieticians help select the food packages... and do they review what the canteens sell at all? See <a href="https://www.fruitsandveggiesmatter.gov">www.fruitsandveggiesmatter.gov</a>. Sponsored by the Center for Disease Control, The Department of Health and Human Services, and The National Cancer Institute.

#### AR 114:

Please put your meetings into live broadcast beginning with the next meeting to comply with transparency and make video on DVD of the broadcast available to those who are unable to attend or view meetings. Bring all AR's into constitutional compliance.

Provide complete text details in all AR's to ensure due process and understanding. Implement uniform, respectful visiting procedures at all NDOC facilities.

### AR 279:

Paying for officer salaries and building maintenance is now siphoned from inmate welfare funds? These are day to day, general operations. Robbing Peter to pay Paul? Please. No. Who wrote this? Who also wrote 278, 568 and 830 specifically? These need scrutiny.

# LAWSUITS:

We have waited months and months to receive this information: the number of lawsuits that settled under \$1,000... still no answer. How does this improve communications, one of NDOC's goals?

#### SOLITARY CONFINEMENT:

This current social experiment of solitary confinement is a boomerang on citizens since most prisoners are being released directly to the streets from harsh segregation conditions. It is solitary confinement. Euphemisms like Dis Seg and Ad Seg are misnomers. A rose by any other name is a rose. Please remove the roadblocks to eliminate solitary confinement today.

This prevents learning inside NDOC, the true road to reduce further economic burdens on taxpayers who must support prisoners forced to go on welfare roles upon release.

## STREET READINESS DENIAL:

Denial of street readiness further disables prisoners. The result? Endangering public safety and putting more prisoners on food stamps with no way to move ahead to independence.

#### MAIL INTERFERENCE:

You must help stop mail interference, throwing away, disposing of or losing books, at all NDOC institutions. Please have mailrooms keep logs of what they do with mail. It's time.

#### **EDUCATION:**

Sponsors and mentos families and friends support correspondence courses, find education and skills training upon release for Nevada prisoners willingly, even though this is double-taxation.

## DISRESPECT FOR STUDY MATERIALS:

NDOC personnel's losing, throwing away or destroying correspondence course exam material must cease.

# GASSING IN CELLS: (RE: Tim Redman's death at Ely)...

Please end this NDOC policy and gassing altogether. It is the right thing to do.

In closing, may all those who have recently died in NDOC rest in peace...

Respectfully submitted.

Robert Maharis

Mercedes Maharis MA MS MA

Robert Maharis Member CURE Washington DC

Mercedes Maharis MA MS MA Lifetime Member CURE Washington DC Past Director Nevada CURE